

10/536922
Rec'd PCT/PTO 31 MAY 2005

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET
NUMBER
PHNL030003 US

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **"Apparatus for forming Variable Fluid Meniscus Configurations"** the specification of which (check only one item below):

is attached hereto.
 was filed as United States application

Serial No _____

on _____

and was amended

on _____

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Number PCT/IB2003/005325

on November 21, 2003

and was amended under PCT Article 19

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PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
Europe	02080060.3	03 December 2002	YES
Europe	03100229.8	04 February 2003	YES

U.S. DEPARTMENT OF COMMERCE -Patent and Trademarks Office
(July 1994)

Combined Declaration For Patent Application and Power of Attorney (Continued)
(includes Reference to PCT International Applications)

Attorneys Docket Number
PHNL030003 US

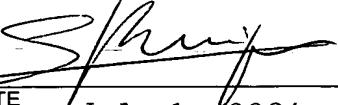
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Jack E. Haken, Reg. No. 26,902
Michael E. Marion, Reg. No. 32,266
Edward M. Blocker, Reg. No. 30,245

Direct Telephone Calls to:
(name and telephone number)
(914)332-0222

201	FULL NAME OF INVENTOR	FAMILY NAME KUIPER	FIRST GIVEN NAME Stein	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Eindhoven NLX	STATE OR FOREIGN COUNTRY The Netherlands	COUNTRY OF CITIZENSHIP The Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	CITY 5656 AA Eindhoven	STATE & ZIP CODE/COUNTRY The Netherlands
202	FULL NAME OF INVENTOR	FAMILY NAME VAN DE WALLE	FIRST GIVEN NAME Gerjan	SECOND GIVEN NAME Franciscus Arthur
	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUNTRY The Netherlands	COUNTRY OF CITIZENSHIP The Netherlands
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SIGNATURE OF INVENTOR 201 	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE July 1, 2004	DATE	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	
DATE	DATE	

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Combined Declaration For Patent Application and Power of Attorney (Continued)
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Attorneys Docket Number
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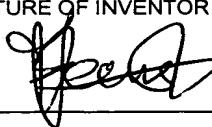
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SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202 	SIGNATURE OF INVENTOR 203
DATE	DATE June 30, 2004	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205 	
DATE	DATE July 5, 2004	

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DATE	DATE	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	
DATE <i>J. E. Haken</i> July 2, 2004	DATE	

10/536922
Rec'd PCT/PTO 31 MAY 2005

PTO/SB/80 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

Practitioners associated with the Customer Number:

24737

OR

Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

The address associated with Customer Number:

24737

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Fax		

Assignee Name and Address:

KONINKLIJKE PHILIPS ELECTRONICS N.V.
Groenewoudseweg 1
5621 BA Eindhoven, The Netherlands

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature		Date 14 January 2005
Name	Michael E. Marion	Telephone (914) 333-9637
Title	Authorized Representative	

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

